

|                        |                 |
|------------------------|-----------------|
| Application Number     | 09/943,882      |
| Filing Date            | August 31, 2001 |
| First Named Inventor   | Jurgen Reinold  |
| Group Art Unit         | 2661            |
| Examiner Name          | Not assigned    |
| Attorney Docket Number | IA00006         |

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| Total Number of Pages in this Submission | 9 |
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**ENCLOSURES**

(check all that apply)

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/Declaration(s)<br><input type="checkbox"/> Extension of time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Documents<br><input checked="" type="checkbox"/> Response to Missing Parts/<br>Incomplete Application<br><input checked="" type="checkbox"/> Response to Missing Parts<br>Under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers<br>(for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-Related papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a<br>Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation,<br>Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CDs | <input type="checkbox"/> After Allowance<br>Communication to Group<br><input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group<br>(Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter with appropriate copies<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)<br><input checked="" type="checkbox"/> page Declaration Combined with<br>Power of Attorney<br><input type="checkbox"/> sheet(s) formal drawings<br><input checked="" type="checkbox"/> copy of Notice to File Missing<br>Parts of Application |
|---|---|---|

Remarks

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|                    |                       |                  |        |
|--------------------|-----------------------|------------------|--------|
| Firm or Individual | Kevin D. Wills        | Registration No. | 43,993 |
| Signature          | <i>Kevin D. Wills</i> |                  |        |
| Date               | December 3, 2001      |                  |        |

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| Typed or printed name | V. Lynn Webb |
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Signature

*V. Lynn Webb*

Date

December 3, 2001

|  |                    |                          |                 |
|--|--------------------|--------------------------|-----------------|
| PTO/SB/17 (11-00)                          |                    | <b>Complete if Known</b> |                 |
| <b>FEE TRANSMITTAL</b>                     |                    | Application Number       | 09/943,882      |
| Patent fees are subject to annual revision |                    | Filing Date              | August 31, 2001 |
|  |                    | First Named Inventor     | Jurgen Reinold  |
|  |                    | Examiner Name            | Not Assigned    |
|  |                    | Group Art Unit           | 2661            |
| TOTAL AMOUNT OF PAYMENT                    | (\$) <b>130.00</b> | Attorney Docket No.      | IA00006         |

| <p><b>METHOD OF PAYMENT</b></p> <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:</p> <p>Deposit Account Number: <b>13-4771</b></p> <p>Deposit Account Name: <b>Motorola, Inc.</b></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>2. <input type="checkbox"/> Payment Enclosed:</p> <p><input type="checkbox"/> Check    <input type="checkbox"/> Credit Card    <input type="checkbox"/> Money Order    <input type="checkbox"/> Other</p> <p style="text-align: center;"><b>FEE CALCULATION</b></p> <p><b>1. BASIC FILING FEE</b></p> <table style="width: 100%;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101</td><td>710</td><td>201</td><td>365</td><td>Utility filing fee</td><td></td></tr> <tr><td>106</td><td>320</td><td>206</td><td>160</td><td>Design filing fee</td><td></td></tr> <tr><td>107</td><td>490</td><td>207</td><td>245</td><td>Plant filing fee</td><td></td></tr> <tr><td>108</td><td>710</td><td>208</td><td>355</td><td>Reissue filing fee</td><td></td></tr> <tr><td>114</td><td>150</td><td>214</td><td>75</td><td>Provisional filing fee</td><td></td></tr> <tr> <td colspan="5"><b>SUBTOTAL (1)</b></td> <td><b>(\$)</b></td> </tr> </tbody> </table> <p><b>2. EXTRA CLAIM FEES</b></p> <p>Total Claims: <input type="text"/> -20** = <input type="text"/> X <input type="text"/> = <input type="text"/></p> <p>Independent Claims: <input type="text"/> -3** = <input type="text"/> X <input type="text"/> = <input type="text"/></p> <p>Multiple Dependent Claims: <input type="text"/> = <input type="text"/></p> <table style="width: 100%;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>102</td><td>80</td><td>202</td><td>40</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>104</td><td>270</td><td>204</td><td>135</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>109</td><td>80</td><td>209</td><td>40</td><td>** Reissue independent claims Over original patent</td><td></td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr> <td colspan="5"><b>SUBTOTAL (2)</b></td> <td><b>(\$)</b></td> </tr> </tbody> </table> <p><small>**OR NUMBER PREVIOUSLY PAID, IF GREATER. For Reissues, see above</small></p> | Large Fee Code        | Entity Fee (\$)       | Small Fee Code        | Entity Fee (\$)  | Fee Description | Fee Paid | 101 | 710 | 201 | 365 | Utility filing fee |  | 106 | 320 | 206 | 160 | Design filing fee |  | 107 | 490 | 207 | 245 | Plant filing fee |  | 108 | 710 | 208 | 355 | Reissue filing fee |  | 114 | 150 | 214 | 75 | Provisional filing fee |  | <b>SUBTOTAL (1)</b> |  |  |  |  | <b>(\$)</b> | Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | Fee Paid | 103 | 18 | 203 | 9 | Claims in excess of 20 |  | 102 | 80 | 202 | 40 | Independent claims in excess of 3 |  | 104 | 270 | 204 | 135 | Multiple dependent claim, if not paid |  | 109 | 80 | 209 | 40 | ** Reissue independent claims Over original patent |  | 110 | 18 | 210 | 9 | ** Reissue claims in excess of 20 and over original patent |  | <b>SUBTOTAL (2)</b> |  |  |  |  | <b>(\$)</b> | <p><b>3. ADDITIONAL FEES</b></p> <table style="width: 100%;"> <thead> <tr> <th>Large Entity Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th></th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late Provisional filing</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>147</td><td>2520</td><td>147</td><td>2520</td><td>For filing a request for ex parte Reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1840*</td><td>113</td><td>1840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>116</td><td>390</td><td>216</td><td>195</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>117</td><td>890</td><td>217</td><td>445</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>118</td><td>1390</td><td>218</td><td>695</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>128</td><td>1890</td><td>228</td><td>945</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>119</td><td>310</td><td>219</td><td>155</td><td>Notice of Appeal</td><td></td></tr> <tr><td>120</td><td>310</td><td>220</td><td>155</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121</td><td>270</td><td>221</td><td>135</td><td>Request for oral hearing</td><td></td></tr> <tr><td>138</td><td>1510</td><td>138</td><td>1510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>141</td><td>1240</td><td>241</td><td>620</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>142</td><td>1240</td><td>242</td><td>620</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>143</td><td>440</td><td>243</td><td>220</td><td>Design issue fee</td><td></td></tr> <tr><td>144</td><td>600</td><td>244</td><td>300</td><td>Plant issue fee</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td><td>Submission of IDS</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>146</td><td>710</td><td>246</td><td>355</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr> <tr><td>149</td><td>710</td><td>249</td><td>355</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr> <tr><td>179</td><td>710</td><td>279</td><td>355</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr> <td colspan="4">Other fee (specify)</td> <td>Late declaration surcharge 37CFR1.16(f)</td> <td>\$130.00</td> </tr> <tr> <td colspan="5"><b>* Reduced by Basic Filing Fee paid</b></td> <td></td> </tr> <tr> <td colspan="4"><b>SUBTOTAL (3)</b></td> <td><b>(\$)</b></td> <td><b>130.00</b></td> </tr> </tbody> </table> | Large Entity Fee Code | Large Entity Fee (\$) | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description |  | 105 | 130 | 205 | 65 | Surcharge - late filing fee or oath |  | 127 | 50 | 227 | 25 | Surcharge - late Provisional filing |  | 139 | 130 | 139 | 130 | Non-English specification |  | 147 | 2520 | 147 | 2520 | For filing a request for ex parte Reexamination |  | 112 | 920* | 112 | 920* | Requesting publication of SIR prior to Examiner action |  | 113 | 1840* | 113 | 1840* | Requesting publication of SIR after Examiner action |  | 115 | 110 | 215 | 55 | Extension for reply within first month |  | 116 | 390 | 216 | 195 | Extension for reply within second month |  | 117 | 890 | 217 | 445 | Extension for reply within third month |  | 118 | 1390 | 218 | 695 | Extension for reply within fourth month |  | 128 | 1890 | 228 | 945 | Extension for reply within fifth month |  | 119 | 310 | 219 | 155 | Notice of Appeal |  | 120 | 310 | 220 | 155 | Filing a brief in support of an appeal |  | 121 | 270 | 221 | 135 | Request for oral hearing |  | 138 | 1510 | 138 | 1510 | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 | Petition to revive - unavoidable |  | 141 | 1240 | 241 | 620 | Petition to revive - unintentional |  | 142 | 1240 | 242 | 620 | Utility issue fee (or reissue) |  | 143 | 440 | 243 | 220 | Design issue fee |  | 144 | 600 | 244 | 300 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Processing fee under 37 CFR 1.17(q) |  | 126 | 180 | 126 | 180 | Submission of IDS |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) |  | 146 | 710 | 246 | 355 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 149 | 710 | 249 | 355 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 179 | 710 | 279 | 355 | Request for Continued Examination (RCE) |  | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  | Other fee (specify) |  |  |  | Late declaration surcharge 37CFR1.16(f) | \$130.00 | <b>* Reduced by Basic Filing Fee paid</b> |  |  |  |  |  | <b>SUBTOTAL (3)</b> |  |  |  | <b>(\$)</b> | <b>130.00</b> |
|--|-----------------------|-----------------------|-----------------------|--|-----------------|----------|-----|-----|-----|-----|--------------------|--|-----|-----|-----|-----|-------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|--------------------|--|-----|-----|-----|----|------------------------|--|---------------------|--|--|--|--|-------------|----------------|-----------------|----------------|-----------------|-----------------|----------|-----|----|-----|---|------------------------|--|-----|----|-----|----|-----------------------------------|--|-----|-----|-----|-----|---------------------------------------|--|-----|----|-----|----|--|--|-----|----|-----|---|--|--|---------------------|--|--|--|--|-------------|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------|--|-----|-----|-----|----|-------------------------------------|--|-----|----|-----|----|-------------------------------------|--|-----|-----|-----|-----|---------------------------|--|-----|------|-----|------|---|--|-----|------|-----|------|--|--|-----|-------|-----|-------|---|--|-----|-----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|------|-----|-----|---|--|-----|------|-----|-----|--|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|--------------------------|--|-----|------|-----|------|---|--|-----|-----|-----|----|----------------------------------|--|-----|------|-----|-----|------------------------------------|--|-----|------|-----|-----|--------------------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|----|-----|----|-------------------------------------|--|-----|-----|-----|-----|-------------------|--|-----|----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|---------------------|--|--|--|---|----------|---|--|--|--|--|--|---------------------|--|--|--|-------------|---------------|
| Large Fee Code   | Entity Fee (\$)       | Small Fee Code        | Entity Fee (\$)       | Fee Description  | Fee Paid        |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |             |   |                       |                       |                       |                       |                 |  |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |   |          |   |  |  |  |  |  |                     |  |  |  |             |               |
| 101  | 710                   | 201                   | 365                   | Utility filing fee   |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |             |   |                       |                       |                       |                       |                 |  |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |   |          |   |  |  |  |  |  |                     |  |  |  |             |               |
| 106  | 320                   | 206                   | 160                   | Design filing fee  |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |             |   |                       |                       |                       |                       |                 |  |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |   |          |   |  |  |  |  |  |                     |  |  |  |             |               |
| 107  | 490                   | 207                   | 245                   | Plant filing fee   |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |             |   |                       |                       |                       |                       |                 |  |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |   |          |   |  |  |  |  |  |                     |  |  |  |             |               |
| 108  | 710                   | 208                   | 355                   | Reissue filing fee   |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |             |   |                       |                       |                       |                       |                 |  |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |   |          |   |  |  |  |  |  |                     |  |  |  |             |               |
| 114  | 150                   | 214                   | 75                    | Provisional filing fee   |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |             |   |                       |                       |                       |                       |                 |  |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |   |          |   |  |  |  |  |  |                     |  |  |  |             |               |
| <b>SUBTOTAL (1)</b>  |                       |                       |                       |  | <b>(\$)</b>     |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |             |   |                       |                       |                       |                       |                 |  |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |   |          |   |  |  |  |  |  |                     |  |  |  |             |               |
| Large Fee Code   | Entity Fee (\$)       | Small Fee Code        | Entity Fee (\$)       | Fee Description  | Fee Paid        |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |             |   |                       |                       |                       |                       |                 |  |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |   |          |   |  |  |  |  |  |                     |  |  |  |             |               |
| 103  | 18                    | 203                   | 9                     | Claims in excess of 20   |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |             |   |                       |                       |                       |                       |                 |  |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |   |          |   |  |  |  |  |  |                     |  |  |  |             |               |
| 102  | 80                    | 202                   | 40                    | Independent claims in excess of 3  |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |             |   |                       |                       |                       |                       |                 |  |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |   |          |   |  |  |  |  |  |                     |  |  |  |             |               |
| 104  | 270                   | 204                   | 135                   | Multiple dependent claim, if not paid                                      |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |             |   |                       |                       |                       |                       |                 |  |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |   |          |   |  |  |  |  |  |                     |  |  |  |             |               |
| 109  | 80                    | 209                   | 40                    | ** Reissue independent claims Over original patent                         |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |             |   |                       |                       |                       |                       |                 |  |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |   |          |   |  |  |  |  |  |                     |  |  |  |             |               |
| 110  | 18                    | 210                   | 9                     | ** Reissue claims in excess of 20 and over original patent                 |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |             |   |                       |                       |                       |                       |                 |  |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |   |          |   |  |  |  |  |  |                     |  |  |  |             |               |
| <b>SUBTOTAL (2)</b>  |                       |                       |                       |  | <b>(\$)</b>     |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |             |   |                       |                       |                       |                       |                 |  |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |   |          |   |  |  |  |  |  |                     |  |  |  |             |               |
| Large Entity Fee Code  | Large Entity Fee (\$) | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description  |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |             |   |                       |                       |                       |                       |                 |  |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |   |          |   |  |  |  |  |  |                     |  |  |  |             |               |
| 105  | 130                   | 205                   | 65                    | Surcharge - late filing fee or oath  |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |             |   |                       |                       |                       |                       |                 |  |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |   |          |   |  |  |  |  |  |                     |  |  |  |             |               |
| 127  | 50                    | 227                   | 25                    | Surcharge - late Provisional filing  |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |             |   |                       |                       |                       |                       |                 |  |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |   |          |   |  |  |  |  |  |                     |  |  |  |             |               |
| 139  | 130                   | 139                   | 130                   | Non-English specification  |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |             |   |                       |                       |                       |                       |                 |  |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |   |          |   |  |  |  |  |  |                     |  |  |  |             |               |
| 147  | 2520                  | 147                   | 2520                  | For filing a request for ex parte Reexamination                            |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |             |   |                       |                       |                       |                       |                 |  |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |   |          |   |  |  |  |  |  |                     |  |  |  |             |               |
| 112  | 920*                  | 112                   | 920*                  | Requesting publication of SIR prior to Examiner action                     |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |             |   |                       |                       |                       |                       |                 |  |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |   |          |   |  |  |  |  |  |                     |  |  |  |             |               |
| 113  | 1840*                 | 113                   | 1840*                 | Requesting publication of SIR after Examiner action                        |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |             |   |                       |                       |                       |                       |                 |  |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |   |          |   |  |  |  |  |  |                     |  |  |  |             |               |
| 115  | 110                   | 215                   | 55                    | Extension for reply within first month                                     |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |             |   |                       |                       |                       |                       |                 |  |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |   |          |   |  |  |  |  |  |                     |  |  |  |             |               |
| 116  | 390                   | 216                   | 195                   | Extension for reply within second month                                    |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |             |   |                       |                       |                       |                       |                 |  |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |   |          |   |  |  |  |  |  |                     |  |  |  |             |               |
| 117  | 890                   | 217                   | 445                   | Extension for reply within third month                                     |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |             |   |                       |                       |                       |                       |                 |  |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |   |          |   |  |  |  |  |  |                     |  |  |  |             |               |
| 118  | 1390                  | 218                   | 695                   | Extension for reply within fourth month                                    |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |             |   |                       |                       |                       |                       |                 |  |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |   |          |   |  |  |  |  |  |                     |  |  |  |             |               |
| 128  | 1890                  | 228                   | 945                   | Extension for reply within fifth month                                     |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |             |   |                       |                       |                       |                       |                 |  |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |   |          |   |  |  |  |  |  |                     |  |  |  |             |               |
| 119  | 310                   | 219                   | 155                   | Notice of Appeal   |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |             |   |                       |                       |                       |                       |                 |  |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |   |          |   |  |  |  |  |  |                     |  |  |  |             |               |
| 120  | 310                   | 220                   | 155                   | Filing a brief in support of an appeal                                     |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |             |   |                       |                       |                       |                       |                 |  |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |   |          |   |  |  |  |  |  |                     |  |  |  |             |               |
| 121  | 270                   | 221                   | 135                   | Request for oral hearing   |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |             |   |                       |                       |                       |                       |                 |  |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |   |          |   |  |  |  |  |  |                     |  |  |  |             |               |
| 138  | 1510                  | 138                   | 1510                  | Petition to institute a public use proceeding                              |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |             |   |                       |                       |                       |                       |                 |  |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |   |          |   |  |  |  |  |  |                     |  |  |  |             |               |
| 140  | 110                   | 240                   | 55                    | Petition to revive - unavoidable   |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |             |   |                       |                       |                       |                       |                 |  |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |   |          |   |  |  |  |  |  |                     |  |  |  |             |               |
| 141  | 1240                  | 241                   | 620                   | Petition to revive - unintentional   |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |             |   |                       |                       |                       |                       |                 |  |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |   |          |   |  |  |  |  |  |                     |  |  |  |             |               |
| 142  | 1240                  | 242                   | 620                   | Utility issue fee (or reissue)   |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |             |   |                       |                       |                       |                       |                 |  |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |   |          |   |  |  |  |  |  |                     |  |  |  |             |               |
| 143  | 440                   | 243                   | 220                   | Design issue fee   |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |             |   |                       |                       |                       |                       |                 |  |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |   |          |   |  |  |  |  |  |                     |  |  |  |             |               |
| 144  | 600                   | 244                   | 300                   | Plant issue fee  |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |             |   |                       |                       |                       |                       |                 |  |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |   |          |   |  |  |  |  |  |                     |  |  |  |             |               |
| 122  | 130                   | 122                   | 130                   | Petitions to the Commissioner  |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |             |   |                       |                       |                       |                       |                 |  |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |   |          |   |  |  |  |  |  |                     |  |  |  |             |               |
| 123  | 50                    | 123                   | 50                    | Processing fee under 37 CFR 1.17(q)  |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |             |   |                       |                       |                       |                       |                 |  |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |   |          |   |  |  |  |  |  |                     |  |  |  |             |               |
| 126  | 180                   | 126                   | 180                   | Submission of IDS  |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |             |   |                       |                       |                       |                       |                 |  |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |   |          |   |  |  |  |  |  |                     |  |  |  |             |               |
| 581  | 40                    | 581                   | 40                    | Recording each patent assignment per property (times number of properties) |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |             |   |                       |                       |                       |                       |                 |  |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |   |          |   |  |  |  |  |  |                     |  |  |  |             |               |
| 146  | 710                   | 246                   | 355                   | Filing a submission after final rejection (37 CFR § 1.129(a))              |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |             |   |                       |                       |                       |                       |                 |  |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |   |          |   |  |  |  |  |  |                     |  |  |  |             |               |
| 149  | 710                   | 249                   | 355                   | For each additional invention to be examined (37 CFR § 1.129(b))           |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |             |   |                       |                       |                       |                       |                 |  |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |   |          |   |  |  |  |  |  |                     |  |  |  |             |               |
| 179  | 710                   | 279                   | 355                   | Request for Continued Examination (RCE)                                    |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |             |   |                       |                       |                       |                       |                 |  |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |   |          |   |  |  |  |  |  |                     |  |  |  |             |               |
| 169  | 900                   | 169                   | 900                   | Request for expedited examination of a design application                  |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |             |   |                       |                       |                       |                       |                 |  |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |   |          |   |  |  |  |  |  |                     |  |  |  |             |               |
| Other fee (specify)  |                       |                       |                       | Late declaration surcharge 37CFR1.16(f)                                    | \$130.00        |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |             |   |                       |                       |                       |                       |                 |  |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |   |          |   |  |  |  |  |  |                     |  |  |  |             |               |
| <b>* Reduced by Basic Filing Fee paid</b>  |                       |                       |                       |  |                 |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |             |   |                       |                       |                       |                       |                 |  |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |   |          |   |  |  |  |  |  |                     |  |  |  |             |               |
| <b>SUBTOTAL (3)</b>  |                       |                       |                       | <b>(\$)</b>  | <b>130.00</b>   |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |             |   |                       |                       |                       |                       |                 |  |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |   |          |   |  |  |  |  |  |                     |  |  |  |             |               |

|                     |                       |                                 |                  |
|---------------------|-----------------------|---------------------------------|------------------|
| <b>SUBMITTED BY</b> |                       | <b>Complete (if applicable)</b> |                  |
| Name (Print/Type)   | Kevin D. Wills        | Registration No.                | 43,993           |
| Signature           | <i>Kevin D. Wills</i> | Telephone                       | 602-952-4362     |
|                     |                       | Mail Date                       | December 3, 2001 |



DOCKET NO.: IA00006

UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Jurgen Reinold

APPLICATION NO.: 09/943,882

FILED: August 31, 2001

GROUP ART UNIT: 2661

TITLE: VEHICLE ACTIVE NETWORK WITH FAULT TOLERANT DEVICES

Certificate of Mailing

Date of deposit: December 3, 2001

I hereby certify that this paper is being deposited with the United States Postal Service on the date indicated above, as first-class mail, with sufficient postage attached thereto, in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C.

V. Lynn Webb  
Signature of Person Mailing Paper

V. Lynn Webb  
Printed Name of Person Mailing Paper

Assistant Commissioner for Patents  
Washington, D.C. 20231

Attention: Customer Service Center  
Initial Patent Examination Division

RESPONSE TO NOTICE TO FILE MISSING PARTS OF APPLICATION

Sir:

Responsive to the Notice to File Missing Parts of Application dated October 4, 2001, please find enclosed:

- ☒ 4 page Declaration Combined with Power of Attorney
- ☒ 1 page copy of Notice to File Missing Parts of Application
- ☐ \_\_\_\_\_ Sheets of formal drawings
- ☐ \_\_\_\_\_

The Commissioner is hereby authorized to charge all fees due to Account No. **13-4771**. A fee transmittal is enclosed.

Respectfully submitted,

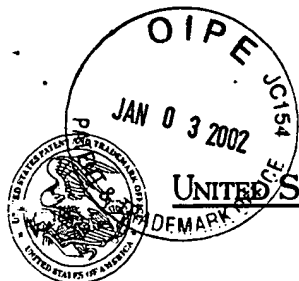
SEND CORRESPONDENCE TO:

Motorola, Inc.  
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# 3



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| APPLICATION NUMBER | FILING/RECEIPT DATE | FIRST NAMED APPLICANT | ATTORNEY DOCKET NUMBER |
|--------------------|---------------------|-----------------------|------------------------|
| 09/943,882         | 08/31/2001          | Juergen Reinold       | IA00006                |

CONFIRMATION NO. 2241

22863  
MOTOROLA, INC LAW DEPARTMENT-  
INTELLECTUAL PROPERTY SECTION  
P.O. BOX 10219  
SCOTTSDALE, AZ 85271

## FORMALITIES LETTER



\*OC000000006848056\*

Date Mailed: 10/04/2001

## NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

*Filing Date Granted*

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The oath or declaration is unsigned.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(l) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.
- The balance due by applicant is \$ 130.

*A copy of this notice **MUST** be returned with the reply.*

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